

**Pt. 40, App. B**

c. A shipping container is not necessary if a laboratory courier hand-delivers the specimen bottles in the plastic leak-proof bags from the collection site to the laboratory.

**APPENDIX B TO PART 40—DOT DRUG TESTING SEMI-ANNUAL LABORATORY REPORT TO EMPLOYERS**

The following items are required on each laboratory report:

Reporting Period: (inclusive dates)

Laboratory Identification: (name and address)

Employer Identification: (name; may include Billing Code or ID code)

C/TPA Identification: (where applicable; name and address)

1. Specimen Results Reported (total number)  
By Test Reason

- (a) Pre-employment (number)
- (b) Post-Accident (number)
- (c) Random (number)
- (d) Reasonable Suspicion/Cause (number)
- (e) Return-to-Duty (number)
- (f) Follow-up (number)
- (g) Type of Test Not Noted on CCF (number)

2. Specimens Reported

- (a) Negative (number)
- (b) Negative and Dilute (number)

3. Specimens Reported as Rejected for Testing (total number)

By Reason

- (a) Fatal flaw (number)
- (b) Uncorrected Flaw (number)

4. Specimens Reported as Positive (total number) By Drug

- (a) Marijuana Metabolite (number)
- (b) Cocaine Metabolite (number)
- (c) Opiates (number)
- (1) Codeine (number)
- (2) Morphine (number)
- (3) 6-AM (number)
- (d) Phencyclidine (number)
- (e) Amphetamines (number)
- (1) Amphetamine (number)
- (2) Methamphetamine (number)
- (3) MDMA (number)
- (4) MDA (number)
- (5) MDEA (number)

5. Adulterated (number)

6. Substituted (number)

7. Invalid Result (number)

[75 FR 49863, Aug. 16, 2010]

**APPENDIX C TO PART 40—DOT DRUG TESTING SEMI-ANNUAL LABORATORY REPORT TO DOT**

Mail, fax, or e-mail to: U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, W62-300, 1200 New Jersey Avenue, SE., Washington, DC 20590.  
Fax: (202) 366-3897. E-mail: [ODAPCWebMail@dot.gov](mailto:ODAPCWebMail@dot.gov).

**49 CFR Subtitle A (10–1–13 Edition)**

The following items are required on each report:

Reporting Period: (inclusive dates)

Laboratory Identification: (name and address)

1. DOT Specimen Results Reported (total number)

2. Negative Results Reported (total number)  
Negative (number)

Negative-Dilute (number)

3. Rejected for Testing Results Reported (total number)

By Reason

- (a) Fatal flaw (number)
- (b) Uncorrected Flaw (number)

4. Positive Results Reported (total number)

By Drug

- (a) Marijuana Metabolite (number)
- (b) Cocaine Metabolite (number)
- (c) Opiates (number)
- (1) Codeine (number)
- (2) Morphine (number)
- (3) 6-AM (number)
- (d) Phencyclidine (number)
- (e) Amphetamines (number)
- (1) Amphetamine (number)
- (2) Methamphetamine (number)
- (3) MDMA (number)
- (4) MDA (number)
- (5) MDEA (number)

5. Adulterated Results Reported (total number)

By Reason (number)

6. Substituted Results Reported (total number)

7. Invalid Results Reported (total number)

By Reason (number)

[75 FR 49864, Aug. 16, 2010]

**APPENDIX D TO PART 40—REPORT FORMAT: SPLIT SPECIMEN FAILURE TO RECONFIRM**

Mail, fax, or submit electronically to: U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, W62-300, 1200 New Jersey Avenue, SE., Washington, DC 20590, Fax: (202) 366-3897, Submit Electronically: [http://www.dot.gov/ost/dapc/mro\\_split.html](http://www.dot.gov/ost/dapc/mro_split.html).

The following items are required on each report:

1. MRO name, address, phone number, and fax number.

2. Collection site name, address, and phone number.

3. Date of collection.

4. Specimen I.D. number.

5. Laboratory accession number.

6. Primary specimen laboratory name, address, and phone number.

7. Date result reported or certified by primary laboratory.

8. Split specimen laboratory name, address, and phone number.

9. Date split specimen result reported or certified by split specimen laboratory.